



Miscellaneous Document Transmittal Form

Release Tracking Number

3 - 277

A. DISPOSAL SITE LOCATION:

- 1. Disposal Site Name: **WR GRACE**
- 2. Street Address: **62 WHITTEMORE AVE**
- 3. City/Town: **CAMBRIDGE**
- 4. Zip Code:

B. THIS FORM IS BEING USED TO: (check all that apply)

- 1. Correct typographical errors and/or make corrections that do not materially affect the nature or complexity of the response actions. If changes are materially significant, then a revised or modified submittal must be made to the Department. List the report/form that is being corrected that is associated with the above Release Tracking Number (RTN). Attach an errata sheet containing a description of the errors and/or corrections.

Form/Report	Submittal Date (mm/dd/yyyy)	Transaction ID
_____	_____	_____

- 2. Submit other documents associated with this RTN that cannot be submitted to the Department using any other BWSC transmittal form. Do not submit documents that are of a time-critical nature and/or that require a direct response from the Department and/or that require an LSP Opinion pursuant to 310 CMR 40.0015.

Description of Submittal **PROTECTIVE COVER MONITORING PLAN (PCMP) NO. 30**

- 3. Resign as LSP-of-Record for the above Release Tracking Number (RTN). Attach a copy of the LSP resignation letter. (Section D, E, and F are not required).
- 4. Submit copies of Public Notices required pursuant to 310 CMR 40.1400: (check all that apply) (Section C is not required)

- | | |
|--|--|
| <input type="checkbox"/> a. Tier I Classification/Permit Application | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> b. Tier II Classification | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> c. Immediate Response Action (IRA) | |
| <input type="checkbox"/> d. Release Abatement Measure (RAM) | |
| <input type="checkbox"/> e. Downgradient Property Status (DPS) | |
| <input type="checkbox"/> f. Utility-related Abatement Measure (URAM) | |
| <input type="checkbox"/> g. Comprehensive Response Actions | |
| <input type="checkbox"/> h. Activities related to recording/registering an Activity and Use Limitation (AUL) | <input type="checkbox"/> Check here if submitting a copy of a legal notice |
| <input type="checkbox"/> i. Response Action Outcome (RAO) | |

(All sections of this transmittal form must be filled out unless otherwise noted)



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B. THIS FORM IS BEING USED TO (cont.): (check all that apply)

5. Submit Public Involvement Petition documents. (check all that apply). (Section C is not required).

- a. Submit a Public Involvement Petition
- b. Submit a a Public Involvement Petition Retraction
- c. Submit a Positive Public Involvement Petition Designation Letter
- d. Submit a Negative Public Involvement Designation Letter
- e. Submit a Draft Public Involvement Petition Plan
- f. Submit a Revised Public Involvement Petition Plan
- g. Submit a Final Public Involvement Petition Plan
- h. Submit a Notice of Public Comment Period

Date of Close of Comment Period : _____
(mm/dd/yyyy)

- i. Submit a copy of a Public Involvement Petition legal notice
- j. Submit a Notice of Public Meeting

Meeting Date: _____
(mm/dd/yyyy)

k. Submit other Public Involvement Petition related documents not specified above:

Describe: _____

6. Submit a RCRA Contained-In-Determination to document that soil and/or groundwater is no longer considered a hazardous waste pursuant to state (310 CMR 30.00) and federal (Title 40, Chapter I, Part 261 of the Code of Federal Regulations) hazardous waste regulations.

C. LSP SIGNATURE:

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this transmittal form, including any and all documents accompanying this submittal. I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

1. LSP #: **9623**

2. First Name: **JOHN R** 3. Last Name: **KASTRINOS**

4. Telephone: **6178867347** 5. Ext. _____ 6. FAX: _____

7. Signature: **John R Kastrinos**

8. Date: **12/23/2011**
(mm/dd/yyyy)



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D. PERSON MAKING A SUBMITTAL:

1. Check all that apply: a. change in contact name b. Change of address c. Change in person undertaking response actions

2. Name of Organization: **WR GRACE & CO - CONN**

3. Contact First Name: **NIZAM** 4. Last Name: **USTA**

5. Street: **62 WHITTEMORE AVE** 6. Title:

7. City/Town: **CAMBRIDGE** 8. State: **MA** 9. Zip Code: **021400000**

10. Telephone: **6174984861** 11. Ext: 12. Fax:

13. Check here if the person is a Public Involvement Petitioner

E. RELATIONSHIP TO SITE OF PERSON MAKING SUBMITTAL:

Check here to change relationship

1. RP or PRP: a. Owner b. Operator c. Generator d. Transporter
 e. Other RP or PRP Specify:

2. Fiduciary, Secured Lender or Municipality with Exempt Status (as defined by M.G.L. c.21E, s.2):

3. Agency or Public Utility on a Right of Way (as defined by M.G.L. c.21E, s.5(j))

4. Any Other person Undertaking Response Actions: Specify Relationship:

F. CERTIFICATION OF PERSON MAKING SUBMITTAL:

1. I, **Nizam Usta** attest under the pains and penalties or perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I/the person or entity on whose behalf this submittal is made am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: **Nizam Usta** Signature 3. Title:

4. For **WR GRACE & CO - CONN** 5. Date: **12/22/2011**
(Name of person or entity recorded in Section D) (mm/dd/yyyy)

6. Check here if the address of the person providing certification is different from address recorded in Section D.

7. Street:

8. City/Town: 9. State: 10. Zip Code:

11. Telephone: 12. Ext: 13. Fax:



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC126

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Check here if any non-updatable information provided on this form is incorrect, e. g. property address. Send corrections to BWSC.eDEP@state.ma.us

YOU ARE SUBJECT TO AN ANNUAL COMPLIANCE ASSURANCE FEE OF UP TO \$10,000 PER BILLABLE YEAR FOR THIS DISPOSAL SITE. YOU MUST LEGIBLY COMPLETE ALL RELEVANT SECTIONS OF THIS FORM OR DEP MAY RETURN THE DOCUMENT AS INCOMPLETE. IF YOU SUBMIT AN INCOMPLETE FORM, YOU MAY BE PENALIZED FOR MISSING A REQUIRED DEADLINE.

Date Stamp (DEP USE ONLY):

12/23/2011 9:54:40 AM